

# *Reaching out...*



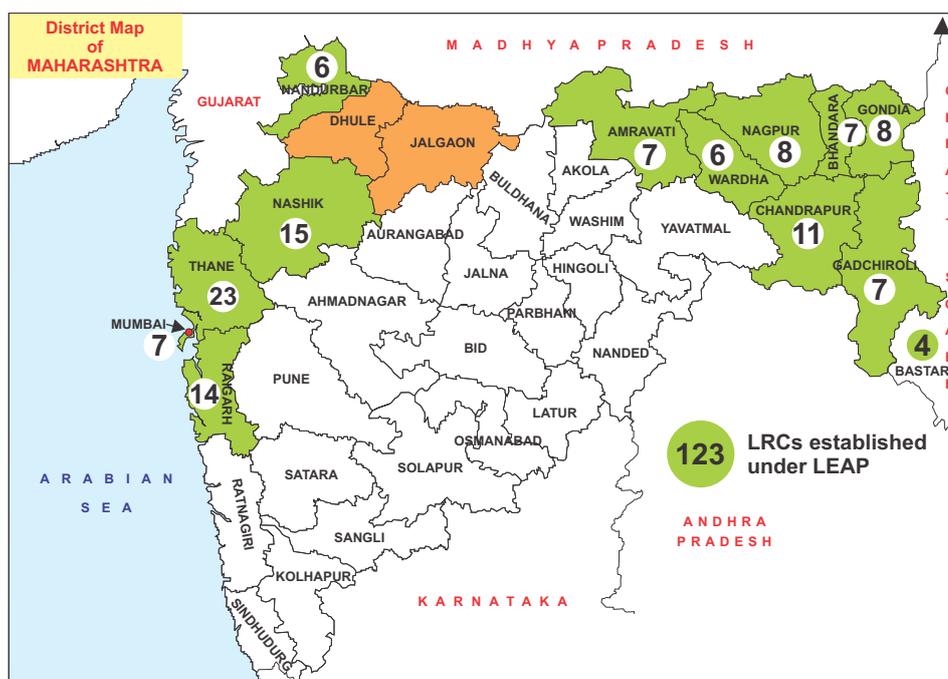
Report  
2012 - 2014

## ALERT-INDIA

### Leprosy Elimination Action Programme (LEAP)

in support of  
NLEP (National Leprosy Eradication Programme)  
with the State Leprosy Unit of Govt. of Maharashtra and Chhattisgarh.

12 districts of Maharashtra, 1 district of Chhattisgarh and  
2 districts in Maharashtra under LEAP - POID project



### Leprosy Referral Centres: Results (2008-2014)

Services provided	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
New cases diagnosed	2041	2429	2976	3992	4782	3611	19831
Gr.0 (Risk) cases	3364	1722	1840	2362	3614	3123	16025
Reaction cases	1543	1232	1336	1473	1897	1339	8820
Gr. I cases	3092	2227	3876	3929	5312	4500	22936
Gr. II case	1220	1391	1622	1559	2229	1416	9437
MCR sandals	1212	1729	1211	1438	1633	1708	8931
Pre-fabricated splints	419	355	465	626	602	539	3006
Self care cum Ulcer kit	590	502	620	507	722	529	3470

**Outcome: Enhanced referral services at Secondary Level of 'GHC' system to prevent new impairment and disability due to leprosy**

## The Battle Against Leprosy Is Not Yet Over

Despite 6 decades of a concerted effort and success in leprosy control by the government and NGOs, India is making an embarrassing and upsetting retreat as first among the countries having maximum number of people affected by leprosy. A clear warning that battle against leprosy is not yet over. It impels the need for sustaining leprosy control work for several more decades.

Leprosy today is at its crossroads for reasons of policy changes like setting 'intermediate target for elimination' that took place one decade ago. As a consequence, we have made a larger alliance with the public health system – a positive approach – to control leprosy. However the ground realities call for renewed strategies and proactive approach with an applied holistic programmes.

Even today 15 people are newly diagnosed with leprosy every hour in the country according to NLEP (National Leprosy Eradication Programme) statistics. These new leprosy cases occur in some unfamiliar persons at some unknown locations. Sadly, most of them were detected with progressive type of disease and a significant proportion of them become permanently disabled due to leprosy.

Today, we need a community based programme that can guide us to find and reach the new cases wherever they live. And someone in the public health system endowed with the wherewithal to ensure them appropriate diagnosis and treatment. In the absence of such a scenario the emerging epidemiological trends cautions us of a possible resurgence of leprosy.

The stigma and discrimination against leprosy exists in this century too. The deep rooted fear, social ostracism and rejection is in fact getting reinforced by a new generation of young disabled in this decade. This makes the unfinished agenda of leprosy control a complex and rights based issue.

We realize that this is the time when more resources are needed to address the remaining challenges in leprosy. To achieve this collectively, ALERT-INDIA joined a consortium of a few leprosy relief agencies working in India called "GoodBye Leprosy" Trust. This is to strengthen our self in self-reliance and to sustain the achievements made so far in controlling leprosy'. We call upon everyone to be a part of our efforts to transform the lives of people affected by leprosy\*.

Sion, Mumbai  
11<sup>th</sup> October, 2014

A. Antony Samy  
Chief Executive,  
ALERT-INDIA

*\*Extracts from the inaugural address delivered at the 'Curtain Raiser' event of the 'GoodBye Leprosy' Trust, on July 17th, 2014 at India Habitat Centre, New Delhi.*



**ALERT-INDIA**

member

GoodBye Leprosy Trust



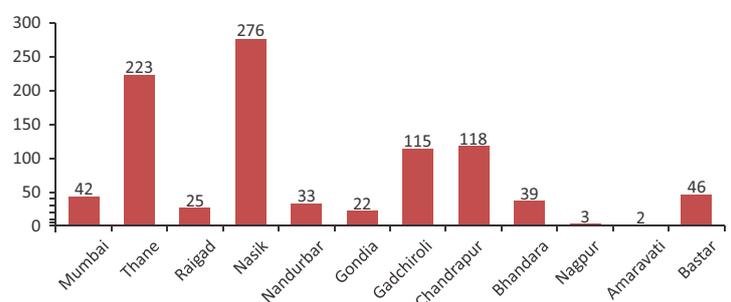
**“I pledge to spread the message that leprosy is curable without disability, if detected and treated early, join me.”**



**Selective Special Drives (SSD) : the reach**

	<b>Apr 2012 to Mar 2013</b>	<b>Apr 2013 to Mar 2014</b>	<b>Total</b>
Population targeted (Estimated)	30,30,458	13,13,714	43,44,172
Population Covered (Enumerated)	1886902 (62%)	1174430 (89%)	30,61,332 (70%)
Population reached through H2H IPC campaign	1432253 (47%)	846485 (64%)	22,78,738 (52%)

Population reached through Selective Special Drives (SSD) : 22,78,738  
New cases detected : 944



## Leprosy in Maharashtra : Eliminated?

Leprosy continues to pose a challenge from the public health point of view, despite achieving the intermediate target for 'elimination' (1 new case per 10,000 people) in the country including Maharashtra in 2004.

The disease is showing an increase in the recent years. Maharashtra stands in 3rd in the country with 18,715 of new leprosy cases (2012-13). The distribution of new case detection is uneven; the Vidarbha, Konkan and Khandesh regions are endemic for leprosy. These regions have mostly rural / tribal population where the infrastructure and trained manpower is inadequate.

The highly effective three drug combination introduced in 1982 has brought down the total number of leprosy cases in 2005 at the national level. The jubilation of this success of elimination was short lived. The programme managers integrated the NLEP (National Leprosy Eradication Programme) into general health care services. Due to changes in the programme strategy, since 2007, an increasing number of new cases are found wherever active search is undertaken.

Integration was definitely a positive step. But the policy makers are now convinced that reaching the 'elimination' target does not in itself constitute an end to the leprosy problem. Therefore, NGOs like ALERT-INDIA continue to provide technical and programmatic support to leprosy control interventions. ALERT-INDIA requires adequate resources to support and sustain technical manpower to carry leprosy control activities.



"I will read out this handbill to my parents!"

## Leprosy Elimination Action Programme

ALERT-INDIA supports the leprosy control efforts of the Government under its National Leprosy Eradication Programme (NLEP) in urban and rural areas of Maharashtra through a strategic initiative – Leprosy Elimination Action Programme (LEAP). LEAP is implemented in 12 endemic districts that fall under three regions of Maharashtra and 1 district (Bastar) of Chhattisgarh.

LEAP constitutes a variety of activities aiming at the reduction of morbidity due to leprosy by early detection of new cases through awareness creation along with community participation and prevention of disabilities by referrals and providing specialized services for persons affected by leprosy through the capacity building of the general health care system.



"I am lucky to have met the health workers".

### Increasing trend in new case detection

Leprosy is a serious public health problem because it causes impairment, and subsequently, disability and handicap. It may become difficult or even impossible for someone to carry out activities necessary for daily life and income generation.

**Early detection** of people having signs of leprosy is essential for preventing nerve related impairment and consequent disability. Disabilities and deformities may worsen if the people affected neglect self care practices. This will contribute to the social stigma attached to the disease.

Despite considerable progress made in the development of diagnostic tools for leprosy infection, it is not possible to predict who will develop leprosy disease and who will be spared. However, in comparison to the general population, the risk of developing leprosy is considerably higher among household contacts.



## Disability burden due to leprosy

**18,715 new leprosy cases** of that **644 cases with visible disability** (Grade II) were detected during 2012-13 in Maharashtra, which is about **13.8%** of the 1,34,752 new leprosy cases and 4,650 new leprosy cases with Grade II disability registered in India (NLEP 2012). These indicate delayed new case detection in the state. Govt. of India (GoI), in the 12th 5 year plan give emphasis on early new case detection and treatment, which can help to reduce the disability burden due to leprosy.



### Results of Special Search activity

	Urban	Rural	Total	
Locations selected	16	16	32	
Population targeted	400000	400000	800000	
Population covered	386830	388179	775009	
Population reached	328626	337422	666048	
Trained CVs engaged	293	314	607	
Suspects examined	139	801	940	
New cases	MB	20	77	97
	PB	42	100	142
	Total	62	173	235
Child (>14) among new cases	23	24	47	
Disabled (Gr.2) among new cases	2	4	6	
NCDR / 100,000 population	18.9	51.3	35.1	



# Selective Special Drives

## Community Level Campaigns

ALERT-INDIA organized Selective Special Drives (SSDs) to educate the public through mass media and created awareness of early signs of leprosy through community level information, education and communication (IEC) campaigns. These involve the trained community volunteers and is aimed at changing the attitudes towards leprosy and people affected by leprosy.

Active involvement of the communities served is a prerequisite to solving the public health issues, particularly leprosy as it has psycho-social dimensions. 4464 community volunteers were trained and engaged in conducting intensive IEC campaigns as well as in house to



house (H2H) Inter Personal Communication (IPC) activities under SSDs conducted in these districts.



Lack of awareness about leprosy among the people living in slums and rural areas results in delayed detection, which leads to development of disabilities and suffering due to social stigma. 4308 people with suspect signs of leprosy reported voluntarily for examination, of which 944 new leprosy cases were diagnosed and received treatment with Multidrug Therapy (MDT) at the general health care centres in these districts. 240 (25%) new leprosy cases were children (less than 14 years) and **58 (6%) leprosy cases** had visible deformities (Grade 2) at the time of detection.

It is very important to prevent the occurrence of disabilities among children affected by leprosy. During SSDs conducted in 273 schools, 16 child leprosy cases were detected and none of them had developed any disability due to leprosy.



#### IEC activities during SSDs

Activities	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
Leaflet distributed	443935	301453	745388
Stickers pasted	148938	92995	241933
Group talks using photo album	7835	7899	15734
Posters / banners displayed	5998	3014	9012
Poster Exhibitions	834	2271	3105
Slide / film Shows on leprosy	398	791	1189
Street Plays / Kalajatha	25	123	148
Skin camp / Health mela	11	0	11
Wall painting / message / slogan writing	3	6	9
Cycle rally / Awareness march	3	0	3

#### Results of SSDs

Patient groups	Apr 2012 to Mar 2013	Apr 013 to Mar 2014	Total
Suspects examined	2084	2224	4308
New leprosy cases detected	460	484	944
Multi-bacillary (MB) among new cases	198 (43%)	197 (41%)	395 (42%)
Child (<14 years) among new cases	96 (21%)	144 (30%)	240 (25%)
Grade 2 disability among new cases	31 (6.7%)	27 (5.6%)	58 (6.1%)

# Leprosy Referral Centre

## Quality leprosy service through Leprosy Referral Centre (LRC)

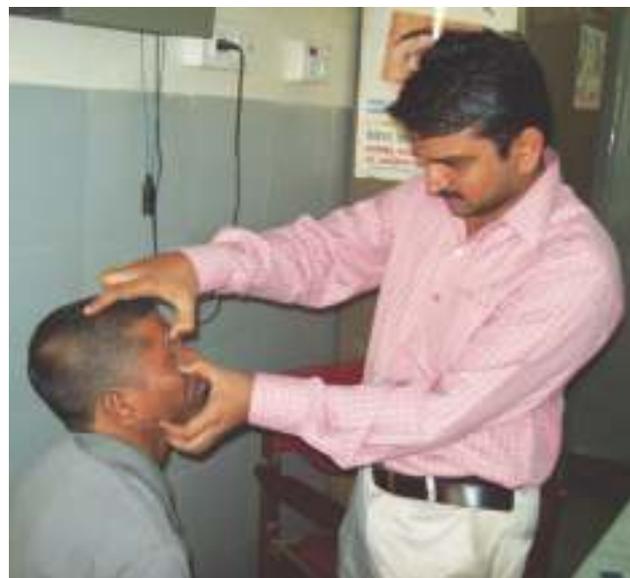
It is expected that a considerable number of new leprosy cases would develop complications such as reactions, neuritis and new disabilities during and after treatment. Cured leprosy cases with residual deformities need continuous care and services for their disabilities and deformities.

There was a need for accessible and effective referral services to be made available at the secondary level of the general health care system infrastructure to meet the physical needs of people affected by leprosy.

ALERT-INDIA had established 123 LRCs at secondary level within and in collaboration with the General Health Care (GHC) system in 12 districts of Maharashtra and 1 district of Chhattisgarh.

Trained health personnel of ALERT-INDIA detected nerve function impairment and promoted patient recovery through treatment with corticosteroids among leprosy cases with risk factors through regular and timely nerve function assessment.

People with established disability and deformity received physiotherapy services including aids and appliances such as protective footwear, splints, goggles and self care kits.



Nerve damage in leprosy can occur in people affected by leprosy even during and after treatment with MDT and it is essential to prevent its development. The core principle of prevention of impairment and disabilities (POID) in leprosy is to identify the risk factor that can cause nerve damage among the people affected by leprosy and reduce its consequences by periodical nerve function assessment. Out of 9615 leprosy cases with risk factor who were assessed, the progression of nerve damage was averted in 9505 (99%).

Reactions in leprosy can cause nerve damage leading to disabilities and deformities in people affected by leprosy while on treatment and thereafter. 4281 leprosy cases who had lepra reactions (Type 1 & 2) were treated with steroid therapy to prevent new disabilities and deformities. As on March 2014, 1490 leprosy cases with reactions were under treatment.

The family contacts of the people affected by leprosy are at more risk for infection than the general population. 240 new leprosy cases were detected among 18,969 family contacts examined.

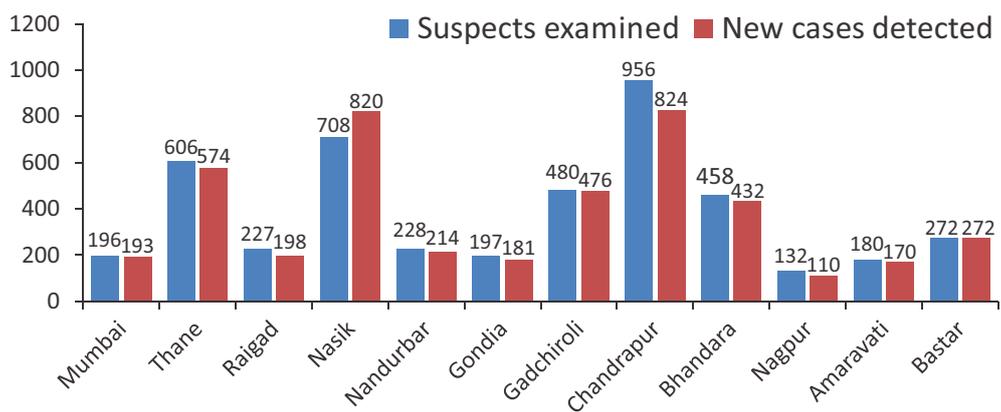
### Results : LRCs

Patient groups	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
Leprosy cases with risk factor registered	10170	13078	13078
Risk cases assessed for nerve function status	4978 (49%)	4637 (35%)	9615 (74%)
Risk cases prevented from developing disability	4907 (99%)	4598 (99%)	9505 (99%)

**“They healed my wound...  
they taught how to heal others like me”.**



**Effort to find hidden cases**



# Reaching out to all who need care

## Camps to promote referral system for leprosy services

LRC Outreach (LOR) Camps is one of the innovative approaches to enroll all people affected by leprosy with disabilities and deformities living in these districts

Categories of patients who attended LRCs	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
Cases with Type I reaction	2217	1989	3270
Cases with Type II reaction	720	645	1053
Cases with Gr.I disability	2617	3048	3048
Cases with Gr.II disability	7175	8311	8311
New leprosy cases diagnosed	4792	3621	8413
MB among new cases	2590	2025	4615

Services at LRCs	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
Physiotherapy Assessment	5255	4688	9943
Oil massage & Exercises	2685	1797	4482
Wax therapy	445	291	736
Muscle stimulation	479	243	722
Ulcer dressing	962	611	1573
Plaster cast	15	12	27
Counseling (Gr.0 cases)	5338	4508	9846
Self care advise (Gr.1 cases)	1061	731	1792

Contacts examined	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
New leprosy cases houses visited	5434	2746	8180
Family contacts examined	12032	6937	18969
Total	165	75	240
MB	64	29	93
Child among new cases	72	29	101
Grade II among new cases	27	3	30

and refer them to respective LRCs to receive the specialized leprosy services. The camps helped to establish linkages between the leprosy sufferers, the village level health care staff and the local communities. During the camp, specific self care and safety measures that enable the people affected by leprosy to get integrated in daily life were demonstrated to Primary Health Centre (PHC) staff. These camps also created an environment that allowed the PHC staff to provide POID services that can reduce the effect of leprosy related problems and promoted referrals.

8866 people affected by leprosy were assessed and provided appropriate services through 210 LOR camps conducted in 10 districts. 298 new leprosy cases were diagnosed among 1709 suspects examined. This has contributed in sustaining leprosy control activities as an integral part of general health care delivery and strengthened the referral system.

Outcome of LRC Out Reach (LOR) Camp	Total
LOR camps done at PHCs	210
Attendance at LOR Camp	8866
Suspects referred / reported	1709
New leprosy cases diagnosed	628
MB cases	298
Leprosy cases (New + Old) assessed	7157
Cases with Type 1 reaction	324
Cases with Type II reaction	100
Reaction cases treated	424
High Risk cases assessed	3767
Gr-I cases registered and treated	642
Gr-II cases registered and treated	1972



# Teaching those who can teach others & heal



## Improving the skills of health care providers through continuing medical education

One of the important tasks that need to be achieved well before handing over the responsibility is enabling the GHC personnel to diagnose and treat leprosy effectively.

Raising skill levels of GHC staff in the early diagnosis and management of leprosy related complications are crucial during the integration phase. 5457 medical and health personnel of PHCs including community level health workers were trained in leprosy and referral system through 183 sessions by a training faculty team. This training has increased the professional competency of health personnel to make accurate diagnosis and treat disabilities and deformities due to leprosy.

394 medical health personnel at the sub-district hospitals (Rural hospital) were trained to provide specialized services to people affected by leprosy attending LRCs.

Capacity building of the health personnel working with the government has resulted in efficient delivery of quality leprosy services to people affected by leprosy specifically those with disabilities and deformities at LRCs.

Trainee groups	Apr 2012 to Mar 2013	Apr 2013 to Mar 2014	Total
<b>a) Leprosy orientation</b>			
Medical Officer of PHC	661	287	948
Health staff of PHC	2073	328	2401
Peripheral health staff	1708	400	2108
<b>b) Skill development (LRC)</b>			
Medical Officer	209	48	257
Staff Nurse	101	293	394
NLEP staff	195	121	316
<b>c) Leprosy update</b>			
Private Medical Practitioners	64	19	83
Medical students / interns	337	92	429
Paramedical students	618	210	828
Nursing students	488	749	1237
<b>d) Leprosy sensitization</b>			
Anganwadi Workers / Teachers	166	99	265
ASHA / USHA workers	1464	512	1976
School Teachers /	525	0	525



# Fight against leprosy in Mumbai

## Measuring the disease burden in Mumbai

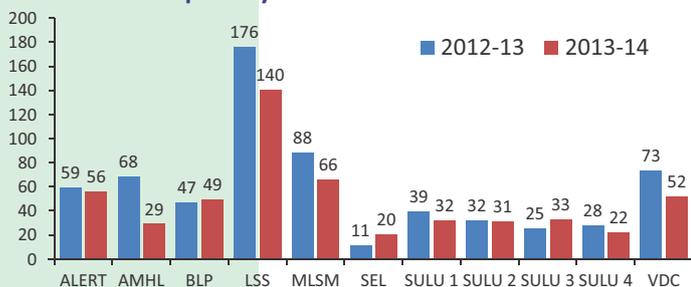
ALERT-INDIA maintains central registry of all new leprosy cases detected and undertakes micro-level analysis of disease burden due to leprosy in Mumbai. This analysis not only ensures better data for planning but also facilitates health system performance assessment of NLEP institutions managed by Government of Maharashtra, Municipal Corporation and NGOs engaged in leprosy control activities. In addition, this partnership contributes towards the ongoing updating of the data and trend analysis.

## Validating the disease burden

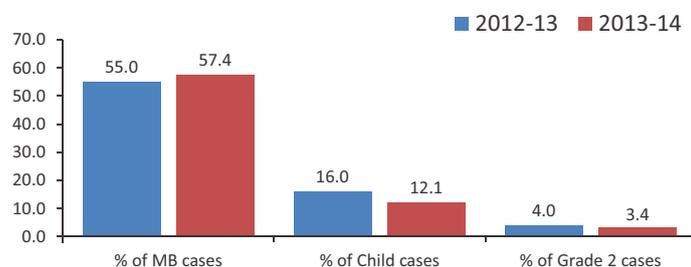
Policy makers need to be given reliable and evidence based information about the incidence and prevalence of leprosy and analyses of their trend in order to impact health policies, especially in a context where there is no active search for leprosy during the integration phase.

Epidemiological Validation Drives (EVDs) were conducted at 32 selected locations in 10 districts to ensure that precise information on the disease burden is made available for inter-programme comparisons. This also helped to develop various projection scenarios of the burden of disease over the next 20 years.

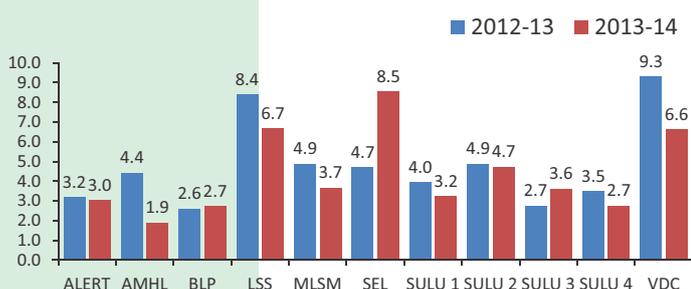
Mumbai: Institutional wise - New leprosy case detection



Mumbai: Key leprosy indicators (%)



Mumbai: Institutional wise – New case detection rate



## Special footwear and ulcer care kit

ALERT-INDIA's footwear unit located at the AMHL (Acworth Municipal Hospital for Leprosy), Wadala, manufactures special MCR footwear and splints for leprosy patients with disabilities and deformities and provides at concessional rate.

- The footwear unit also fabricates prosthesis for persons with foot deformities due to leprosy and other causes.
- We also supply to the government and NGO units at cost price for their leprosy patients. We also serve the orders from across the country.
- The MCR footwear is also found to be of use for diabetic foot and therefore is being provided to diabetic patients at cost price.



**Self Care Kit : for ulcer care**

Produced and distributed by ALERT-INDIA to all districts in Maharashtra as per demand.

### Distribution of Aids & Appliances (Apr 2012 - Mar 2014)

	2012-13	2013-14	2012-14
MCR Sandals	9294	27275	36569
MCR Slippers	44	15	59
Footdrop Belts	413	208	621
Lumbrical Pads	58	31	89
MCR Insoles	188	301	489
Prosthesis Appliances	63	61	124
Malleoli Pads	321	4	325
Self Care Kits	303	0	303
Finger Splints	8372	2810	11182



### Leprosy trend in Mumbai District

Years	Total New Cases	Child	%	Def. II	%
1 2004-2005	1640	290	17.68	102	6.22
2 2005-2006	1026	129	12.57	56	5.46
3 2006-2007	1078	131	12.15	22	2.04
4 2007-2008	1066	154	14.45	24	2.25
5 2008-2009	1136	169	14.88	69	6.07
6 2009-2010	1035	166	16.04	49	4.73
7 2010-2011	776	9	1.16	44	5.67
8 2011-2012	709	108	15.23	30	4.23
9 2012-2013	646	106	16.41	27	4.18
10 2013-2014	530	63	11.89	18	3.40
Total	9642	1325	13.74	441	4.57

## Health Education in the communities through Community Health Workers on safe health practices and disease prevention.



Self Help Group meeting at Utkarsh Nagar slum at Bhandup

Community Education Unit is engaged in capacity building of Community Health Workers (CHWs). The prime focus is to equip the CHWs as Self Help Workers to identify reproductive tract infection, treat related ailments and refer those who need special

medical professional attention. Detecting early signs and symptoms of cervical and breast cancer is the major benefit accrued through this small programme which is focused on women in the slum communities in North Eastern suburbs.

# HIV/AIDS Prevention Projects

## ALERT-INDIA and HIV/AIDS prevention projects

ALERT-INDIA's involvement with the prevention of HIV/AIDS and care and support for people living with HIV (PLHIV) began in 2004 as an extension of the TB control project in Navi Mumbai.

- The patients with TB –HIV co-infection were supported for hospitalization, started on Anti Retroviral Treatment (ART) and the families were provided psychosocial and economic assistance.
- The result of these interventions was the project: '*Prevention of HIV/AIDS among the high risk groups in Navi Mumbai*' aimed to reduce the incidence of HIV infection among the 3,568 Female Sex Workers (FSWs) their partners, 10,000 truck drivers and cleaners in the Agricultural Produce Market (APMC) Navi Mumbai.
- The main activities include creation of awareness about HIV/AIDS and sexually transmitted infection (STI) and ensuring regular medical checkups; counseling, medication for STI, linkages for ART and making condoms available for prevention of spread of infection. Further, we facilitate linkages to social welfare schemes improve social well being and undertake sensitization and advocacy to strengthen community systems to reduce stigma and discrimination.
- *Community Based Organizations (CBOs) of the FSWs* had availed an opportunity provided by ALERT-INDIA for development of alternative means of livelihood through training in skills for income generation activities. Two registered CBOs of the FSWs have been involved with several initiatives and were each able to build a corpus of about Rs 4-5 lacs. The funds have been used to provide scholarship for 22 children from economically weak families, nutrition and medical assistance for 16 families of PLHIV and skill trainings for 116 FSWs in the last two years.

## Yuvroshni project

ALERT-INDIA participated in a joint project "Yuvroshni" involving IEC with community participation and targeted interventions against Hepatitis B and Hepatitis C in Mumbai and Navi Mumbai.

This project aimed to reach out to 5,00,000 persons in High Risk Group (HRG) including CSWs and their clients, migrant workers, long distance truckers, transgender individuals and the sexual partners thereof, testing 5,000 HRG persons and training 1,500 healthcare providers.

ALERT-INDIA was responsible for the recruitment, training and building of a dedicated team and developing a working linkage with local NGOs and CBOs to enable outreach. We also undertook training and capacity building of healthcare personnel from NGOs, CBOs and public health department of municipal corporations as well as educating HRG persons about Hepatitis B and C. We provided testing facilities and carried out immunisation against Hepatitis. ALERT-INDIA also undertook the referral of infective cases and facilitated the completion of treatment. Identification and screening of potential cases was done at our STI clinics and contact centres. The mobilisation of Health Outreach Workers (ORWs) was also our effort.

Intervention	Target	Total Outreach
Persons from HRG tested	5000	8941
Vaccinations given	--	8922
Health care personnel trained	1500	617

# TB Control : Greater Mumbai

## CHALLENGES AND STRATEGIES IN TUBERCULOSIS CONTROL

India holds the unfortunate first rank in Tuberculosis (TB) cases in the world with a quarter of the global TB burden formed by our 2.8 million TB cases every year. Even more alarming are the estimated 1 million TB cases being missed by the health system per annum and the additional factor of increased in Multi Drug Resistant (MDR) TB in India. Maharashtra tops in 2013 with 1.4 lakh MDR TB cases.

Our country sees 3,30,000 TB deaths occur annually. (WHO, 2013)

**Directly Observed Treatment Short course (DOTS)**, is the public health measure under RNTCP (Revised National Tuberculosis Control Programme) to reach out to all TB patients close to their home at the Primary Health Care system. This is further aimed at minimising dropouts and irregularity in drug intake by a system of "DOTS providers" from the community

### Mumbai

2 Sputum collection centres managed by ALERT-INDIA evaluated 1514 TB suspects in 24 months.

Achieved 76% treatment compliance

Treated and cured 1516 patients at 16 DOTS centres

Support group developed for TB patients organised 108 meetings

Supplementary diet provided to 174 needy TB patients throughout the treatment period on daily basis with an average weight gain of 2 to 8 kg.

Navi Mumbai Municipal Corporation (NMMC); Thane Municipal Corporation (TMC); Kalyan Dombivali Municipal Corporation (KDMC) & Ulhasnagar Municipal Corporation (UMC)

249 patients evaluated at 13 sputum collection centres

5 DOTS Centres treated and cured 255 TB patients.

**General Practitioners Involvement (GPI)** is yet another effort to minimise dropouts from treatment of patients reporting to GPs on account of cost of treatment. The GP sensitisation campaign is aimed to promote referrals of needy patients to the DOTS centres. carried out by ALERT-INDIA in 6 corporation areas has resulted in 11-15% of the total 13,439 cases reporting to the DOTS centres being referred by GPs. 274 GPs were motivated to become DOTS Providers for 400 TB patients in their respective localities.

### Social Mobilisation and IEC campaign

ALERT-INDIA works as a bridge between RNTCP and community efforts to reach the services to the most disadvantaged populations, marginalized groups in the slums of 5 Corporation areas of Mumbai and Thane. The control programme is patient-centric and concentrates on defaulter retrieval. It aims to realize the universal access to care for all TB affected persons.

### Multi Drug Resistant Tuberculosis

Multi Drug Resistant Tuberculosis (MDRTB) is a result of irregular and inadequate medication by the sufferers and is complex and expensive to treat. Recently, the government has started accredited centres to treat confirmed drug resistant TB, called 'DOTS Plus' under RNTCP.



# Resource Mobilisation

## Fundraising challenge

"It always seems impossible, until it's done."

Nelson Mandela's whole life stands as an inspiration to every worthy cause, and his words of wisdom truly guide our endeavours.

Fundraising has been more challenging these past few years following recession and skyrocketing prices. Leprosy, TB and AIDS, the diseases we wage war against are all such that they strip the patient of not only bodily health but also of a livelihood in addition to bringing unnecessary social stigmata, snowballing into reduction in productivity of the community and eventually the nation itself. The cause of promotion of health women and children is also crucial to positive growth.

This colossal task must not falter for any reason, especially not for paucity of funds. However, ALERT-INDIA has truly been blessed in having stalwart and generous supporters thanks to whom the past 2 year's fundraising efforts have been successful.

There is, however, an ever-increasing need for disease control with our exploding population and overcrowding issues which in turn leads to a greater demand for funds to fuel this cause.

We take this opportunity to invite each person reading this missive to please take up the mantle of spreading awareness as well as garnering more support for ALERT-INDIA and our cause.

Veera M. Rao  
Director, Resource Mobilisation,  
ALERT-INDIA



### Standard Chartered Mumbai Marathon - 20<sup>th</sup> January 2013

- Eighteen runners comprising well-wishers, friends and staff of ALERT-INDIA participated under the 'Dream Run' category through charity bibs.

### Standard Chartered Mumbai Marathon - 19<sup>th</sup> January 2014

- ALERT-INDIA took part – for the 10<sup>th</sup> time – in the Mumbai Marathon 2014. This event gives our cause an excellent opportunity to raise funds and to create awareness about our work.
- M/s. Allcargo Logistics Ltd., represented ALERT-INDIA under Corporate Challenge category.
- 30 runners comprising well-wishers, friends and staff of ALERT-INDIA run under 'Dream Run' category through charity bibs.



**ALERT-INDIA's school project** is a leprosy awareness campaign that includes lectures, exhibitions as well as video films designed to help young minds to understand not only the scientific facts about leprosy, but also about the myths and misconceptions surrounding this disease. Thus we create a generation of individuals who are aware and unprejudiced forming a population base to spreading true facts about leprosy and the plight of the leprosy afflicted with compassion and sensitivity.

#### ALERT-INDIA's 'Annual Awards Day'

(23<sup>rd</sup> February 2013 at Birla Matushri Sabhagar) is organised every year to felicitate the principals and students who have done outstandingly well to help the cause of leprosy control by creating awareness about disease and also by raising funds for it.

**The Guests of Honour** at the Event were TV & film Actress, Tanaaz Irani and famous comedian Nitin Bhandarkar. Tanaaz gave away trophies to 165 school principals. Tanaaz, Mr. Nitin Bhandarkar and Mr. V. Ranganathan, former Chief Secretary, Govt. of Maharashtra, also gave away individual prizes nearly 900 school children.

#### Special Trophy



Mr. Joshi, Vice-Principal, Antonio De Souza High School, Byculla received the trophy for highest collection among all schools of Mumbai and Thane District.



Master Sidhaant Murarka received the trophy for the highest individual collection amongst all the students for 4<sup>th</sup> consecutive year.

## ALERT-INDIA Annual Awards Day

The annual awards functions give us a grand opportunity to show our appreciation to the hundreds of school children, their principals and teachers who raised funds for ALERT-INDIA.



#### ALERT-INDIA's 'Annual Awards Day'

(1<sup>st</sup> February 2014 at Birla Matushri Sabhagar)

The year 2013-2014 saw such a phenomenal response that we had the happy task of organizing the Annual Awards Day in two sessions, thanks to the wholehearted participation of school and college students in awareness campaign and collection drive.

#### Guests of Honour

Film star & model Rajneesh Duggal was the Guest of Honour in the first session and presented trophies to several school principals and hundreds of children. T.V. & Film stars Tanaaz Irani along with Shilpa Shukla (of the Chak De India fame) were Guests of Honour, in the second session, gave away trophies and prizes to several school principals and hundreds of children.

The children were delighted by the melodious song sung by Sairam Iyer, who has the unique gift of singing in both the male and female voice. This performance was followed by the hilarious stand up comedy acts by Nitin Bhandarkar. 110 school principals and nearly 1,250 students from 300 schools received their individual prizes at the hands of celebrities.

#### Special Trophy



Ms. Liz Don Manuel, Assit. H. M., Fatima High School, Ambernath (West) received the trophy for highest individual collection amongst the schools.

Master Sidhaant Murarka, once again, received the trophy for highest individual collection amongst the students.



**'USA UTHUP NITE' by renowned singer Usha Uthup** (15<sup>th</sup> Sept., 2012 at Bhaidas Sabhagriha)

The event was generously supported by Mirachem Industries Ltd; Central Bank of India; United Phosphorus Ltd; Architect Hafeez Contractor & Life Insurance Corporation of India. Mr. Vithal Kamat, Chairman & MD, The Orchid Hotel was the hospitality sponsors of the Event.

Chak De India fame Shilpa Shukla at ALERT-INDIA Annual Awards Day, 2014



**"Pankaj Udhas Nite" by Ghazal Maestro, Padmashree Shri. Pankaj Udhas**

(28<sup>th</sup> December 2012 at Nehru Centre Auditorium, Worli)

The event was generously supported by All Cargo Logistics Ltd and co-supported by HDFC Ltd. Mirachem Industries Ltd and ONGC Ltd. Mrs. Arathi Shetty, an organising committee member and Mr. Shashikiran Shetty, Director, All Cargo Logistics Ltd., graced the occasion as our Chief Guests.



**Artists for ALERT-INDIA**

The artists who gave of their phenomenal talents embodied Kahlil Gibran's words, "You give but little when you give of your possessions. It is when you give of yourself that you truly give." We are grateful to Mrs. Usha Uthup and Mr. Pankaj Udhas for their moving performances in aid of ALERT-INDIA.

Sairam Iyer singing for children at the Annual Awards Day, 2014



Famous comedian Nitin Bhandarkar at the Annual Awards Day, 2013



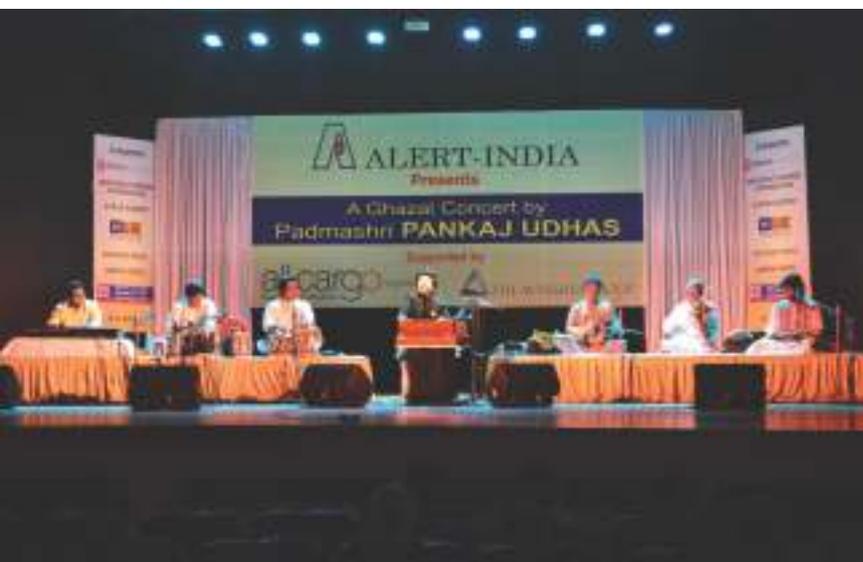


**“Pankaj Udhas Nite” by Ghazal Maestro, Padmashree Shri.**

**Pankaj Udhas** (22<sup>nd</sup> February 2014 at Bhaidas Sabhagriha, Vile Parle)

The main supporters of the event were Mrs. Arathi Shetty & Mr. Shashikiran Shetty of M/s. Allcargo Logistics Ltd. With the grant from AllCargo Logistics Ltd, ALERT will be implementing the project “Leprosy Elimination Action Programme (LEAP) in Raigad district of Maharashtra” to provide specialised leprosy services in General Health Care System.

The Co-supporters of the event were Mr. Aneel Murarka of Mirachem Industries, Mr. Cyrus Guzder, Architect Hafeez Contractor, Life Insurance Corporation of India and State Bank of India.



Our committee members, donors and supporters, as ever, form our backbone so we can pursue our goals with confidence.

**We acknowledge with deep gratitude.....**

The fundraising Committee Members:  
V. Ranganathan, Ramesh Narayan, Jackie Shroff, Keki Mistry, Noshir Talati, Ketki Patel, Dolly Thakore, Arathi S. Shetty, Gopal Ramourti, Aneel Murarka, Smita Godrej Crishna and Dilip Jiwrajka for the excellent guidance and support.

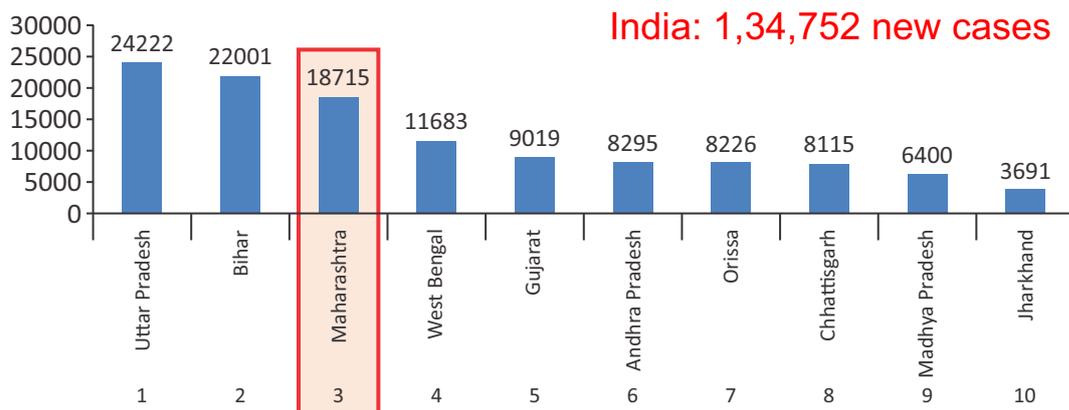
**Special thanks to**

- All Cargo Global Logistics Ltd
- Mirachem Industries Ltd
- Ramesh Narayan
- Central Bank of India
- United Phosphorus Ltd
- Architect Hafeez Contractor
- Life Insurance Corporation of India
- V.V. & Smt K.V. Mariwala Charity Trust
- State Bank of India
- Harasiddh Developers
- Mahalaxmi Mandir Charities
- Oil & Natural Gas Corporation Ltd
- Housing Development Finance Corporation Ltd
- Cyrus Guzder
- Corporation Bank (Camp)
- Bank of India
- The Orchid Hotel
- M.S. Nayak
- and all the Volunteers / Advertisers / Govt. Authorities.



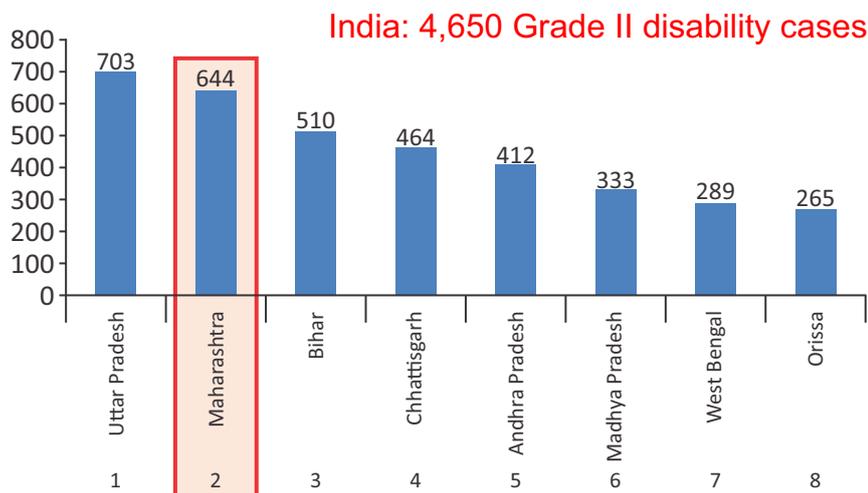
# Leprosy : disease burden today

## New leprosy cases detected during 2012-13



Source: NLEP – Progress Report for the year 2012-13, Central Leprosy Division, Directorate General of Health Services, Nirman Bhawan, New Delhi - 110 011

## New cases with Grade II disability (2012-13)



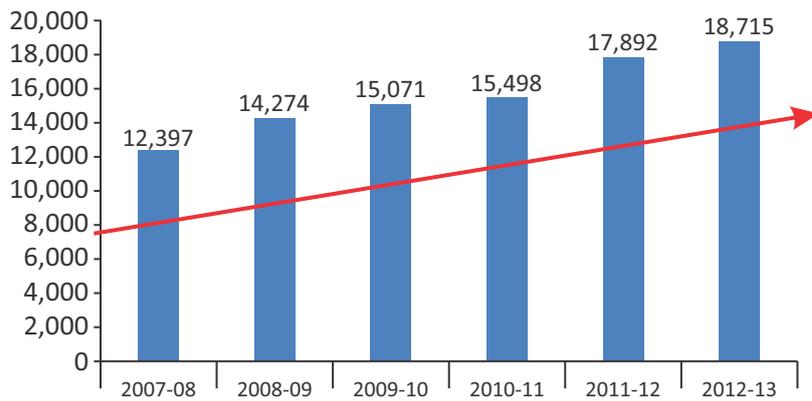
Source: NLEP – Progress Report for the year 2012-13, Central Leprosy Division, Directorate General of Health Services, Nirman Bhawan, New Delhi - 110 011

## Grade II disability rate per 1 million population (2012-13)



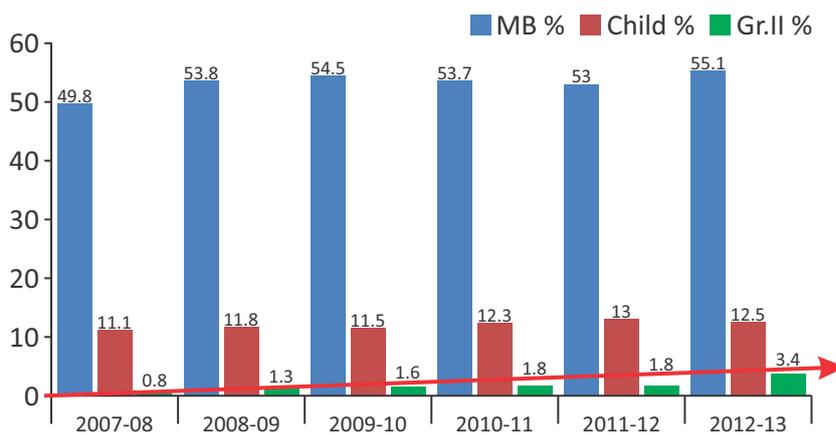
Source: NLEP – Progress Report for the year 2012-13, Central Leprosy Division, Directorate General of Health Services, Nirman Bhawan, New Delhi - 110 011

## Trends of new leprosy case detection in Maharashtra



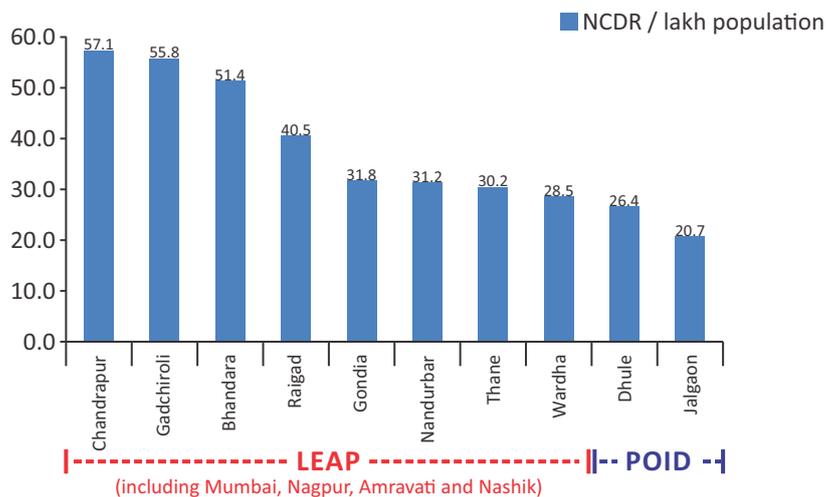
Source: <http://maha-arogya.gov.in/programs/nhp/leprosy/acheivementII.htm>

## Trends of key leprosy indicators in Maharashtra



Source: <http://maha-arogya.gov.in/programs/nhp/leprosy/acheivementII.htm>

## LEAP: Top 10 leprosy endemic districts in Maharashtra (2012-13)



## ALERT-INDIA: Abridged Financial Statements 2013-14

Balance Sheet as of March 31, 2014	2013-14 Rs. In lakhs		2012-13 Rs. In lakhs	
<b>Source of Funds</b>				
Trust Fund		14.93		14.93
Income and expenditure surplus		18.31		101.18
Earmarked funds and reserves		950.61		950.99
<b>Total</b>		<b>983.85</b>		<b>1,067.10</b>
<b>Application of Funds</b>				
Fixed Assets		189.72		195.40
<b>Investments</b>				
Corpus Fund	14.93		14.93	
Gratuity Fund	103.77		93.51	
Reserve Fund	374.25		431.42	
Other Earmarked Fund	193.28		189.15	
Temporary Reserves with Scheduled Banks	41.87	728.10	75.04	804.05
Loan and advances: Refund due (IT)		20.64		20.19
Cash & Bank Balances		45.39		47.46
<b>Total</b>		<b>983.85</b>		<b>1,067.10</b>
<b>Income &amp; Expenditure as of March 31, 2014</b>				
<b>Income</b>				
Grants		355.79		526.43
Donations		213.14		178.59
Self Generated (Interest on Investments/Banks)		68.35		77.55
Transfer from Earmarked Funds		367.35		528.47
<b>Total</b>		<b>1,004.63</b>		<b>1,311.04</b>
<b>Expenses</b>				
<b>Programme Expenses</b>				
Leprosy Elimination Action Programme (LEAP)	568.83		588.77	
Community Education Unit (CEU)	3.60		3.40	
Economic Assistance & Rehabilitation Activities	2.12		2.64	
HIV / AIDS Project	46.84		47.24	
TB Control & Family Development Project	50.18		66.13	
Leprosy Campaign & Resource Mobilisation	42.21	713.78	44.82	753.00
Depreciation		6.75		8.19
Transfer to Earmarked Funds for committed programmes		366.97		548.68
Surplus (Deficit) for the year		(82.87)		1.17
<b>Total</b>		<b>1,004.63</b>		<b>1,311.04</b>

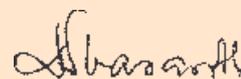
We have examined the above abridged financial statements for the year 2013-14 and certify that the statements have been summarised from the Audited Balance Sheet and Income & Expenditure Account referred to in our report dated 2<sup>nd</sup> September 2014.

**Auditors:** R.K. Karanth & Co., 62, Bombay Mutual Building, Fort, Mumbai - 400 001.

**Banks:** Central Bank of India, Sion / Vashi; SBI Chembur; BOB Sion; PNB Vashi; P&S Vikhroli; Abhyudaya Co-op Bank, Vashi; IDBI Sion & HDFC Sion.

- Note:**
1. Accounts are prepared on cash basis.
  2. Fixed Assets other than immovable properties are stated at actual cost less accumulated depreciation.
  3. Depreciation is charged on Movable Assets on the written down value basis.
  4. With effect from 1.4.06 depreciation on immovable properties is calculated on written down value basis and set aside to a Depreciation Fund.
  5. Estimated gratuity liability is set aside to Gratuity Reserve.
  6. Complete audited statement of accounts is available on request.

For R.K.Karanth & Co.,  
Chartered Accountants  
(Regd. No. 104831W)



Deepak S. Karanth  
Proprietor  
Membership No. 39945.

### Selective Special Drives: Results (2008-2014)

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
Persons reached (Lakhs)	26.6	18.9	22.8	26.3	13.8	8.9	117.3
Volunteers engaged	6,486	3,824	4,977	5,137	2,730	1,462	24,616
Suspects identified	5,063	2,762	2,003	5,466	2,069	2,114	19,477
New cases detected	389	327	602	1148	445	453	3,364
MB among new cases	116	161	201	523	184	181	1,366
% MB (new cases)	<b>29.8</b>	<b>49.2</b>	<b>33.4</b>	<b>45.6</b>	<b>41.3</b>	<b>40.0</b>	<b>40.6</b>
Gr II among new cases	7	6	14	26	15	13	81
% Gr II (new cases)	<b>1.8</b>	<b>1.8</b>	<b>2.3</b>	<b>2.3</b>	<b>3.4</b>	<b>2.9</b>	<b>2.4</b>

**Outcome: Created community spokespersons and promoted early new leprosy case detection to reduce disability burden**

### Continuing Medical Education: Results (2008-2014)

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	Total
Medical Officers - PHC	513	173	480	557	661	287	2,671
Health Staff - PHC	3,033	801	3,033	2,838	3,781	639	14,125
NLEP / GHC (LRC)	<b>181</b>	<b>99</b>	<b>120</b>	<b>198</b>	<b>463</b>	<b>462</b>	<b>1,523</b>
PMPs / GPs	427	101	176	37	20	19	780
Medical Students	762	424	264	322	337	92	2,201
Nursing Students	454	215	358	219	488	749	2,488
ASHA / AWM / CHV	992	4,508	4,963	2,413	2,753	611	16,240
Community Workers	906	712	1,004	787	525	0	3,934

**Outcome: Increased the knowledge and skills of GHC personnel to provide equitable and quality leprosy services to persons affected by leprosy.**

# लोकशिक्षणातून रोगनिर्मूलन



**ALERT-INDIA**

Association for Leprosy Education, Rehabilitation and Treatment - India

B-9, Mira Mansion, Sion (West), Mumbai - 400 022

Tel: +91-22-24033081 / 2; Fax: +91-22-24017652; Email: [alert@bom5.vsnl.net.in](mailto:alert@bom5.vsnl.net.in)

[www.alertindia.org](http://www.alertindia.org)